



TO BE COMPLETED BY TRAINER

# PRE-NOTIFICATION

SAMPLE  
FORM ONLY

CIC-PRE-01

FOR RTOs DELIVERING GENERAL INDUCTION TRAINING IN NSW UNDER THE  
NATIONAL CODE OF PRACTICE FOR INDUCTION FOR CONSTRUCTION WORK

Please use BLACK INK and print within the boxes in BLOCK LETTERS. Complete all sections or make N/A

## A. RTO Details

RTO Name DEPT EDUCATION + TRAINING WESTERN SYDNEY REGION

WorkCover Approval Number C09387 RTO's Contact Phone Number 47248707

## B. Training Pre-Notification Details

Nominated Trainer's Name

Nominated Trainer's Identification Number TR

The number issued to you after completing  
an Add/Remove Nominated Trainer form

Nominated Trainer's Contact Phone Number

Date of Training (DD MM YYYY) Estimated Start Time

Estimated End Time if course is EMBEDDED show:

01022010

(24 hour clock)

(24 hour clock) 25022010 embedded

Name of Training Venue (if applicable) - SCHOOL DETAILS

Street No

Street Address

Suburb

State

Postcode

Venue Contact Number

## C. Exemption Details

Have you had an exemption approved for this training? If 'Yes', provide exemption number and brief description.

Exemption Number N/A

Brief description of exemption:

LEAVE BLANK UNLESS OTHERWISE ADVISED

Will this course be delivered or translated in a language other than English? If 'Yes', what language will be used?

## D. Declaration

I declare that the information provided on this form is true and correct in every particular. TRAINER'S DETAILS.

Name of RTO delegated person

Signature

Date (DD MM YYYY)

(Date of Declaration) The day you sign form  
fax to Marilyn Mehnert - 47248777

Contact Phone Number

It is an offence under the Crimes Act 1900 and Occupational Health and Safety Regulation 2001 to make false or misleading statements in this form. Heavy penalties apply.

IF course is EMBEDDED show dates as above (ie: first and last day) leave  
time blank.

if course is on a single day, show: date and start and finish time.